

BOBBY S. JANE
 PLAINTIFF/PETITIONER/MOVANT'S NAME
J25333
 PRISON NUMBER

Calipatria State Prison
 PLACE OF CONFINEMENT

P.O. Box 5004 Calipatria CA 92233
 ADDRESS

FILED

2008 MAR -5 PM 3:34

CLERK U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIABY Rm DEPUTY

2254	✓	1983
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Court	✓	ProSe

United States District Court
 Southern District Of California

'08 CV 0420 JLS POR

Civil No. _____

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

BOBBY SHAWN JANE

Plaintiff/Petitioner/Movant

v.

L.E. Scribner, Warden

Defendant/Respondent

MOTION AND DECLARATION UNDER
 PENALTY OF PERJURY IN SUPPORT
 OF MOTION TO PROCEED IN FORMA
PAUPERIS

I, BOBBY SHAWN JANE

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration Calipatria State Prison

Are you employed at the institution? ☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

CR

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. _____

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. Information not available

3. In the past twelve months have you received any money from any of the following sources?:

- | | |
|---|---|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Spousal or child support | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Any other sources | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. _____

4. Do you have any checking account(s)? ☐ Yes ☒ No

- a. Name(s) and address(es) of bank(s): _____
 b. Present balance in account(s): _____

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

- a. Name(s) and address(es) of bank(s): _____
 b. Present balance in account(s): _____

6. Do you own an automobile or other motor vehicle? ☒ Yes ☐ No

- a. Make: Dodge Year: 1969 Model: Pick-up
 b. Is it financed? ☐ Yes ☒ No
 c. If so, what is the amount owed? _____

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. Myself

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable): _____

N/A

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): _____

N/A

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses. _____

N/A

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

March 3, 2008

DATE

Robert S. James

SIGNATURE OF APPLICANT

REPORT ID: TS3030 .701 REPORT DATE: 02/14/08 PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIPATRIA STATE PRISON
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 01, 2007 THRU FEB. 14, 2008

ACCOUNT NUMBER : J25333 BED/CELL NUMBER: FA0500000000237L
ACCOUNT NAME : JANOE, BOBBY SHAWN ACCOUNT TYPE: I
PRIVILEGE GROUP: D

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
08/01/2007		BEGINNING BALANCE					521.52
08/23		W516 LEGAL COPY CH 08-21/1133			0.20		521.32

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
06/14/2007	H200	GENERAL HOLD	BADCK 6875	521.52
01/23/2008	H118	LEGAL COPIES HOLD	1-22 4167	1.20
01/25/2008	H109	LEGAL POSTAGE HOLD	01/23 4232	0.41
01/25/2008	H109	LEGAL POSTAGE HOLD	01/23 4232	0.41
01/25/2008	H109	LEGAL POSTAGE HOLD	01/23 4232	0.41
01/29/2008	H118	LEGAL COPIES HOLD	1/25 4296	3.00
02/08/2008	H114	COPAY FEE, MED.	02/08 4512	5.00

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
521.52	0.00	0.20	521.32	531.95	0.00



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.
ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY [Signature]
TRUST OFFICE

CURRENT
AVAILABLE
BALANCE

10.63-

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant JANOE, BOBBY
(NAME OF INMATE)

J 25 333
(INMATE'S CDC NUMBER)

has the sum of \$ 10.63 on account to his/her credit at

CAUPATRIA STATE PRISON
(NAME OF INSTITUTION)

I further certify that the applicant has the following securities N/A

to his/her credit according to the records of the aforementioned institution. I further certify that during

the past six months the applicant's average monthly balance was \$ 86.91

and the average monthly deposits to the applicant's account was \$ 0

2/14/08

DATE

[Signature]
SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

D. ZAMUDIO II

OFFICER'S FULL NAME (PRINTED)

ACCOUNT CLERK II

OFFICER'S TITLE/RANK